



**ABILENE WISDOM TEETH**  
IV SEDATION - WISDOM TEETH - IMPLANTS

# **THIRD MOLAR REMOVAL PROGRAM MANUAL**

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# Introduction





## INTRODUCTION

Welcome to the Abilene Wisdom Teeth office manual. This manual has been prepared to provide you with necessary information regarding the removal of third molars with IV sedation in your office. It is divided into sections for easy reference and review.

## WHY EARLY REMOVAL OF THIRD MOLARS?

A study published in the October 1985 issue of the Journal of Oral and Maxillofacial Surgery involved more than 16,000 impacted third molar extractions. This clinical study of more than 9,500 patients revealed that the optimum time for extraction is between the ages of 12 and 24 years. Results of the study show that as patients become older the incidence of post operative complications rise and become more significant and prolonged. The American Association of Oral and Maxillofacial Surgeons also endorse the early removal of third molars. Case selection is critical to the success of third molar surgery. When specific guidelines are carefully observed, third molars can be removed safely, comfortably, and predictably.

## WHY IV SEDATION?

IV sedation is a safe and effective way to make patients comfortable during and after third molar surgery for the following reasons:

- Removing impacted third molars without some form of sedation is uncomfortable and patient management interferes with a quality surgery. This is not a practice builder. Conversely, virtually all sedation patients report a comfortable experience.
- The degree of sedation can be controlled by IV titration of the sedation drugs. Oral conscious sedation (triazolam combined with Nitrous Oxide) cannot be titrated as effectively, thus leaving less control of the depth of sedation than with IV sedation.
- The IV route of drug administration provides a pathway for antagonistic drugs to reverse the effects of the sedation. Reversal can be done with oral sedation, by injection of the antagonistic drug sublingual, but it is not as effective as the IV route.





# Guidelines





## PREOPERATIVE APPOINTMENT

- Appointment 1-2 weeks before surgery (approx. or accomplish paperwork at the time of exam/dx)
- Ages 14 to 20 years old is ideal, but all ages considered (the younger end of the spectrum is better)
- Healthy ASA Category I and II patients (no health hx red flags)
- Record pre-op vital signs on Health Hx (Height/weight, BP, Pulse)
- Good venipuncture site if using IV sedation (visible vein on arm or hand)
- All consent forms and Pre-op instructions signed and dated (3)
- Send Pano and Health Hx to Dr. Johnson for review. [www.BioBigBox.com](http://www.BioBigBox.com)

Patient selection is paramount to a successful outcome. Any patient scheduled for third molar surgery should be seen first for a preoperative appointment where a pano can be taken and health history recorded. Panos should be taken within 6 months of surgery for 20 yrs old and younger, and within 1 year for patients over 20. Ideal patients are healthy teenagers between the ages of 14 and 20. Patients in this age group are generally healthy, and the venipuncture for IV sedation is predictable. At this age the roots of most third molars are only 1/3 to 1/2 formed. There are usually no hooks at the ends of roots, no sinus or inferior alveolar nerve involvement, and a follicle is still present. Vital signs are recorded at this appointment to provide a baseline measurement for the day of surgery.

All patients must be ASA category I or II to have IV sedation. This means that they are healthy and without any known health risks. Health history red flags include: COPD, Diabetes, Myasthenia Gravis, SP02 of 97 or below, HBP over 150/90, severe asthma, seizures/epilepsy, blood thinners, heart conditions (besides murmurs), etc. If in doubt, contact Dr. Johnson or refer.

## IMPORTANT

**Medication Rx is given at the pre-op appointment or surgery appointment as follows:**

**Penicillin VK\*** 500 mg three times a day x 21 tablets, start day before surgery and take until gone

**Ibuprofen** 800 mg Three times a day x 21 tablets until gone (pain/swelling relief after procedure)

**Ultracet** 2 tabs three times a day as needed x 42 (moderate to severe pain relief after procedure)





**Decadron** 4mg, 2 tabs, take 1 upon arriving home after surgery and the other the next morning

**Zofran** 8mg, 3 tabs, only needed if pt experiences nausea after surgery. If nausea is anticipated, prescribe at pre-op appt.

*\*Penicillin allergy – Substitute: Clindamycin (Cleocin) 300 mg, Three times a day x 15 tablets*

*\*Codein(Norco) allergy - Substitute: Ultracet (tramadol/acetaminophen) 2 tabs q4-6h x 40 tablets*

**No food or liquids of any kind for 6 hours before appointment.** A small amount of water may be used to take routine medications.

## **SURGERY APPOINTMENT**

- Schedule 1-1.5 hour appointment.
- Set up operatory.
- Ask them if they have had any food or liquids within the last 6 hours. Reschedule if not NPO for 6 hours.
- Have pt rinse with Chlorhexidine for 60-120 seconds.

Patients can be scheduled for 1-1.5 hour appointments. Ideally, six to eight patients would be scheduled in a given day. If six to eight patients cannot be scheduled, it is recommended that a minimum of two appointments be scheduled for third molar surgery in the morning or afternoon. These guidelines will assure that these procedures are completed in an efficient and profitable way. However, there is no minimum number of appts.

When the patient arrives at the office the assistant should question the patient to make sure that they are ready for surgery.

- Have they had any food or liquids six hours prior to appointment?
- Did they take their routine medication?
- Are contact lenses removed?
- Are they wearing short sleeves?
- Do they have a ride home?
- Do they need to use the bathroom?
- Do they have any questions?





## POSTOPERATIVE APPOINTMENT

*(optional according to Dr. Owner)*

- Appointment scheduled one week following surgery
- Healing checked by dentist
- Monoject 212 syringe used to clean lower third molar surgical site

Postoperative appointments can be scheduled one week after the surgery. At one week most patients can open wide enough to comfortably remove sutures, if necessary. Chromic gut sutures should dissolve completely in 7-10 days. Any remaining suture can be removed at this appointment.

A dentist should check for normal healing. Check for unusual pain and exudate. Normal healing includes swelling, limited opening, inflamed gums and tenderness to palpation. Bruising is extremely unusual as is infection.

**Dry Socket** – Dry socket is defined as excruciating pain with zero relief from pain medications. It is caused by the lack of a clot formation in the extraction site. It usually occurs between days 3-5. It is not an infection, does not affect long-term healing, and no treatment is necessary. Dry socket is not actually very common and most of the pt complaints are related to normal healing. However, if they need relief, I recommend **Socket**. **Socket** is a syringe filled with soothing gel (think aloe vera for sunburns) that can be squirted into the affected socket (usually the lowers). The lower extraction sites should first be gently irrigated with chlorhexidine in a monoject syringe, then a small amount of **Socket** can be placed into the sockets. Send the Socket syringe home with the pt to use as needed.

**Emergencies** – The expected post-operative problems associated with the removal of impactions and surgical extractions include: discomfort, swelling, bleeding, and limited jaw opening. Severe infections are very rare. The following things should raise concern: rapid swelling in the eye/neck, fever, difficulty breathing, and profuse bleeding. If a pt describes any of these symptoms, please contact Dr. Johnson.





## Case Selection

- Age 14-20 is ideal, but all ages considered
- Good health, ASA 1-2

## Pre-op visit

- Pano x-ray
- Review forms and consents and have them signed. Take age, height, weight, BP and pulse and record on Health Hx form.
- Give pt Pre and Post op instructions to take home
- IV/Oral Sedation discussion: Pt is conscious and breathing on their own, in a sleep-like state. Every pt is affected differently by sedation but it is very safe.
- Send Pano and Health Hx to Dr. Johnson for review. [www.BioBigBox.com](http://www.BioBigBox.com)

## Surgery day

- Schedule 1 to 1.5 hours per patient depending on ops available. Dr. time avg is 30-45 mins
- Consents, medications, no food or drink for 6 hours
- Post-op instructions re-emphasized (make sure they still have post-op sheet)

## Post-op visit (optional)

- Expect tenderness, irritated gums, and limited opening
- Check for exudate and unusual pain
- Irrigate with monoject
- Remove sutures (usually they will have dissolved)

## Scheduling

- Schedule target date in advance (double-check availability with Dr. Johnson via text, email, and/or google calendar)
- Use letters, emails, calls to confirm with patient and parent

## Insurance and fees

- Most are billed as complete bony impactions
- See recommended fee schedule
- Get pre-estimate of what ins will cover for pt







# Instruments





The below items should be provided by the Dental Office and prepared before the arrival of Dr. Johnson. Equivalent items can be ordered through Henry Schein/ACE/Midwest, etc, according to the office's preference.

- 5 lidocaine 2% with epinephrine 1:100,000
- 2 septocaine 4% with epinephrine 1:100,000
- 2 marcaine 0.5% with epinephrine 1:200,000
- 2 local anesthetic syringes with yellow 27 gauge needles
- 3 masks
- 1 nitrile glove box (medium)
- 2 alcohol gauze or wipe
- 1 band-aid
- 1 bib
- 1 bib clip
- 1 blanket
- 1 package take home 4x4 gauze (at least 4, sterilized)
- 1 sterile white surgical suction (101-2270) Schein
- 1 Chromic Gut 4.0 suture (003-2482) ACE Surgical
- 8 4x4 - 8 ply filled gauze (100-3725) Schein
- 2 Bard Parker #15 blades
- 2 surgical gowns (100-5870) Schein

\*Ace Surgical Supply 800-441-3100

\*Henry Schein 800-372-4346

IV materials, surgical instruments and cassette, handpieces and burs, irrigation fluid, and patient monitor will be provided by Dr. Johnson.





# Forms





\_\_\_\_\_  
Patient's Name (print)

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Height

\_\_\_\_\_  
Weight

**1. Have you ever had any problems with:** *(check all that apply)*

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Heart       | <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Lungs               |
| <input type="checkbox"/> Epilepsy    | <input type="checkbox"/> Kidney   | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Liver       | <input type="checkbox"/> Asthma   | <input type="checkbox"/> Low Blood Pressure  |
| <input type="checkbox"/> Seizures    | <input type="checkbox"/> Allergies  | <input type="checkbox"/> Snoring             |
| <input type="checkbox"/> Sleep apnea | <input type="checkbox"/> Reaction to anesthetic ( <i>General, Local, Sedation</i> ) |  |

**Staff Use Only**

Pre-Op Vitals- BP: \_\_\_\_\_

Pulse: \_\_\_\_\_ SPO2: \_\_\_\_\_

Explain any checked boxes: \_\_\_\_\_

**2. Medications routinely used at home:** \_\_\_\_\_

**3. What medications, if any, are you allergic to?** \_\_\_\_\_

**4. Past surgeries:**

Dates	Operation	Type of Anesthesia ( <i>General, local, sedation</i> )
_____	_____	_____
_____	_____	_____
_____	_____	_____

**5. Do you smoke?** \_\_\_\_\_

Packs / Day? \_\_\_\_\_ Number of years? \_\_\_\_\_

**6. Do you drink alcohol?** \_\_\_\_\_

How often? \_\_\_\_\_ Drugs? \_\_\_\_\_

**7. Have you ever taken Bisphosphonates (i.e. Boniva, Fosamax)?** \_\_\_\_\_

**8. Have you ever had any other health problems we should know about?** \_\_\_\_\_

**9. Is there any chance that you may be pregnant?** \_\_\_\_\_

\_\_\_\_\_  
Patient's or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date



# IMPACTION AND SURGICAL EXTRACTION CONSENT

## WHAT IS AN IMPACTED TOOTH / SURGICAL EXTRACTION?

An impacted tooth is a tooth that has not erupted normally. It may be covered by bone as well as gum tissue. Impacted teeth may press against other teeth, potentially causing damage. They may also cause crowding, infections, swelling, pain, cysts, earaches, headaches, generalized head and neck pain, and even tumors.

Since impacted teeth are partially or completely beneath the surface of the gum tissue or bone, their removal is a surgical procedure. A surgical extraction requires the removal of bone, soft tissue incisions, and/or sectioning of teeth. Pain medication and instructions will control post-operative pain, swelling, bleeding, and discomfort, but will not always eliminate it.

## WHAT TYPES OF PROBLEMS MAY OCCUR FOLLOWING SURGICAL EXTRACTIONS?

Discomfort, swelling, bleeding, and limited jaw opening are normal following surgical procedures. Slight bleeding may continue until the morning following surgery. The corners of the mouth may be irritated. Post-operative infections occasionally, but rarely occur and are treated with antibiotics. Rarely, tiny “potato chip” like pieces of bone may work their way to the surface of an extraction site. These tiny pieces of bone are easily removed and cause no further problems. Because of the close proximity of impacted teeth to adjacent teeth, occasionally a tooth or dental restoration may be damaged. VERY RARELY, post-operative complications include sinus opening, displacement of a tooth into the sinus, lip or tongue numbness which can be temporary or permanent, damage to other oral structures, severe infections, jaw joint problems and broken jaws. In extremely rare circumstances even death may occur.

**THE EXPECTED POST-OPERATIVE PROBLEMS ASSOCIATED WITH THE REMOVAL OF IMPACTIONS AND SURGICAL EXTRACTIONS INCLUDE DISCOMFORT, SWELLING, BLEEDING, AND LIMITED JAW OPENING.**

We will do our very best to make this a comfortable experience. If you have any questions please ask for clarification.

**I HAVE READ AND UNDERSTAND THE ABOVE ENTIRELY AND HEREBY CONSENT TO THE PERFORMANCE OF SURGERY AS PRESENTED TO ME.**

\_\_\_\_\_  
Patient's or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date



## WHAT ARE IV and ORAL SEDATION?

Intravenous (IV) and Oral sedation are types of conscious sedation used to help make dental treatment a very pleasant experience. The patient is in a dream state, sometimes referred to as “twilight sleep”. The sedative medications are administered through an I.V. in the arm or hand or orally in pill form. With conscious sedation, the patient becomes very relaxed and drowsy so the dental treatment can be carried out comfortably. Because of the amnesia produced by the sedative agents, the patient feels that they have been asleep for most of the treatment. However, they have merely been sedated and have not been unconscious, as is a patient under general anesthesia. While the patient will feel quite alert after treatment, the sedative agents are not completely eliminated from the body for several hours afterwards. Therefore, patients who have intravenous or oral sedation need an escort to drive them home and remain with them for several hours. The risks and complications associated with any sedation include nausea, vomiting, allergic reaction, pain, inflammation and/or infection at the intravenous site, respiratory problems, drug reactions, paralysis, cardiac arrest, brain injury, and in extremely rare circumstances, even death may occur.

## INSTRUCTIONS PRECEDING IV SEDATION

**MEDICAL HISTORY:** Any personal illness, weakness, or allergy must be reported as well as details of any drugs being taken – especially sleeping drugs, tranquilizers, or cortisone medications. This includes over the counter drugs, street drugs, or prescription drugs. You **MUST** notify the doctor if you may be pregnant.

**PREPARATIONS:** No food or drink within six (6) hours of the appointment time and the previous meal should be light and easily digestible. A small amount of water may be used to take any routine medications as well as any prescribed for your appointment. Short sleeves should be worn as well as comfortable flat-heeled shoes that are easy to walk in. Dentures, glasses, and/or contact lenses should be removed prior to the appointment. Also, please no dark nail polish nor acrylic nails.

**FOLLOWING SEDATION:** An adult (18 years or older) must drive the patient home.

**NO WARRANTY OR GUARANTEE:** Warranty or guarantee is neither implied nor given regarding the success of sedation.

## ANY PATIENT ACCEPTING A SEDATION APPOINTMENT MUST SPECIFICALLY AGREE TO THE FOLLOWING:

- NOT to drive a vehicle or operate any machinery after sedation for the rest of the day
- NOT to undertake any responsible business matters for the rest of the day
- NOT to drink alcohol for 24 hours after sedation

I HAVE READ AND UNDERSTAND THE ABOVE ENTIRELY AND HEREBY CONSENT TO THE PERFORMANCE OF SEDATION AS PRESENTED TO ME.

\_\_\_\_\_  
Patient’s or Guardian’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor’s Signature

\_\_\_\_\_  
Date



Patient Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Surgery Date: \_\_\_\_\_

Pre-op: B.P.: \_\_\_\_\_ Pulse: \_\_\_\_\_ SPO2: \_\_\_\_\_ Date: \_\_\_\_\_

Verifications: NPO: \_\_\_\_\_ Consent: \_\_\_\_\_ Pre-meds: \_\_\_\_\_

Pre-assessment: BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ SPO2: \_\_\_\_\_ Pregnant? \_\_\_\_\_

I.V. Infusion: Started: \_\_\_\_\_ a.m. / p.m. with a 20 gauge catheter in \_\_\_\_\_ INS: \_\_\_\_\_

<b>Time</b> (1 box = 15 min)												
<b>2% Lidocaine</b> 1:100,000												
<b>4% Septocaine</b> 1:100,000												
<b>0.5% Marcaine</b> 1:200,000												
<b>N2O/O2</b>												
<b>Midazolam</b> (1 mg/ml)												
<b>Fentanyl</b> (50mcg/ml)												
<b>Triazolam</b> (mg)												

\*Wasted: Midazolam \_\_\_\_\_ Fentanyl \_\_\_\_\_

The procedure lasted \_\_\_\_\_ hrs \_\_\_\_\_ minutes and the patient received \_\_\_\_\_ ml of Lactated Ringer's. The patient tolerated the procedure well and was discharged at \_\_\_\_\_ a.m. / p.m. in good condition to the custody of \_\_\_\_\_. Written and verbal postoperative instructions were given to the escort.

**AMBULATORY**

**ALERT**

**CONVERSATIONAL**

Complications: \_\_\_\_\_

\_\_\_\_\_  
Ryan Max Johnson, DDS

\_\_\_\_\_  
Assistant



Dr. Ryan Max Johnson

Today's Date: \_\_\_\_\_

Surgery Date & Time: \_\_\_\_\_

Patient Name: \_\_\_\_\_

**It is extremely important that you follow these instructions prior to your appointment for surgery.**

1. **No food or drink within six (6) hours of your appointment.** If your appointment is in the morning, do not have anything to eat or drink from midnight the night prior to your appointment day. If your appointment is in the afternoon, you should have a light breakfast in the morning, as long as you finish your meal six (6) hours prior to your appointment. A small amount of water may be used to take any necessary medications. Unless specified by your dentist, all medicines taken on a routine basis should be continued without interruption.
2. **Wear short sleeves for your appointment.** Short sleeves are necessary for IV access. Wear comfortable shoes that are easy to walk in and remove glasses and contact lenses. Please do not wear dark nail polish nor acrylic nails.
3. **Do not eat grapefruit or drink grapefruit juice the day of surgery.** This fruit has been shown to affect the metabolism of many medications, increasing the risk of toxicity and adverse effects.
4. **If pregnancy is suspected, procedure should be cancelled.** Sedation medications can affect the unborn child.
5. **NO alcohol the day before or after surgery.**
6. **NO driving the day of your appointment.** You will be sedated during your appointment. A responsible adult (18 years or older) needs to drive you to the appt, stay in the building, and drive you home. Post-operative instructions will be given to the driver.
7. If you have any questions concerning any of the instructions above, please call the office. We will be happy to answer any questions you have to help ensure you have a successful appointment. If you are not able to follow these instructions we will not be able to administer sedation or complete the planned treatment.

***I HAVE READ AND UNDERSTAND THE ABOVE ENTIRELY.***

\_\_\_\_\_  
Patient's or Guardian's Signature

\_\_\_\_\_  
Date





Dr. Ryan Max Johnson

Following these directions is important to avoid complications and to aid the healing process. Please read them carefully. If you have any questions, please call the office during business hours.

1. **24 Hour Rule - DO NOT RINSE YOUR MOUTH, SPIT, USE A STRAW, CHEW FOOD, BRUSH YOUR TEETH, OR LOOK IN YOUR MOUTH FOR 24 HOURS.** After 24 hours, begin rinsing your mouth GENTLY with salt water. Rinse for one minute twice a day for seven days. Do not rinse the day of surgery.
2. **TAKE MEDICATION AS DIRECTED.** Take 800 mg ibuprofen 3 times a day and 500 mg Penicillin VK 3 times a day until all medication is gone. Take Ultracet as needed for moderate to severe pain. If you feel nausea and/or are vomiting, stop taking the Ultracet and substitute with Tylenol. If you are allergic to Penicillin, you will be given another antibiotic (usually Clindamycin). Decadron: Take 1 after arriving home from surgery and take one the following day.
3. **USE ICE THE DAY OF SURGERY.** Swelling normally increases for three to four days following surgery and then gradually decreases. Ice may be applied for 15 minutes and removed for 15 minutes, alternating on and off the day of surgery.
4. **DIET.** Avoid all foods that require chewing for the first 24 hours. Ensure, Smoothies (no straw), ice cream, yogurt, soups (broth only), and similar food is recommended. Remove gauze when eating, drinking and at bedtime.
5. **SLEEP IS RECOMMENDED AFTER SURGERY.** Most patients will want to sleep after sedation if they are placed in their bed. Blood pressure and bleeding decrease when sleeping. Upon waking: change the cotton gauze if needed, begin using ice, and eat something if hungry (no chewing).
6. **USE COTTON GAUZE TO CONTROL BLEEDING.** Following the removal of impacted teeth it is not uncommon for some bleeding to continue into the following day.
  - If bleeding is excessive - check that cotton gauze is in proper position on the area of surgery - as far back in the mouth as possible. You may bite on teabags to help stop bleeding.
  - Talking and movement of your mouth and tongue will increase bleeding
  - Cotton gauze should be changed as needed and removed when bleeding is controlled
7. **Supervision – PATIENTS SHOULD NOT BE LEFT ALONE THE DAY OF SURGERY**
8. **Smoking – DO NOT SMOKE UNTIL 7 DAYS AFTER SURGERY**
9. **Wait 7 days before cleaning out sockets with plastic syringe filled with salt water.**

NOTE: The expected post-operative problems associated with the removal of impactions and surgical extractions include: discomfort, swelling, bleeding, and limited jaw opening. Severe infections are rare. Please call your dental office if you have questions. If you feel you are having an after-hours emergency (i.e. rapid swelling in the eye/neck, fever, difficulty breathing, excessive bleeding, or other concerns you may have), please call Dr. Johnson at 325-514-9311 and/or visit the ER.



# Scheduling





Scheduling dental patients is a challenge for any dental procedure, but this is especially true for removing wisdom teeth. People may have friends that have had a very bad experience removing wisdom teeth leaving them nervous about the procedure. The best way to handle this situation is to educate the patient.

Since the patients of choice will be between the age of 14 and 20, you will be scheduling the surgery with the parent or guardian of the patient. Parents will often be extremely protective of their child since you are trying to schedule surgery for them. Please be aware and sensitive to the concerns of the parents.

Get all their questions and attempt to answer them. If you cannot answer a question, please insure them that you will get the answer as soon as possible. Make sure they know that you will call them back later the same day to give those answers. While you may not be able to answer every question, you can make the parents feel comfortable, or less nervous, about the procedure by giving them as much information as possible.

Explain to the patient and the parents why wisdom teeth should be removed while the patient is a teenager and how their child can benefit from early removal:

1. Teenagers typically do not have fully developed roots on their wisdom teeth. After the teenage years, wisdom teeth, if not removed, will have developed roots with hooks on them. These can break and cause damage to nerves or openings into their sinus.
2. Teenagers typically heal faster than older patients.
3. The procedure is much more predictable in teenagers than older patients. Because of this, the chances of complications for teenagers are reduced to a minimum.

The patients and the parents should be informed that every patient might respond differently to any procedure. If they have friends who had a bad experience, it does not mean they will experience the same. Try to find out what “bad experience” they are concerned about. You will need to determine what the real issues are based on the information you get from your patient and their parents. Once you understand the concerns, you are on your way to putting the patient and their parents at ease by addressing their concerns as well as giving some basic information about early third molar removal and sedation.

The word “surgery” may get the parent upset. It makes removing wisdom teeth more scary and risky than it really is. Try using the word “procedure” in place of “surgery” when you talk to the patient or their parents. This will leave a different and hopefully more positive impression of the procedure in their minds.





IV sedation is not general anesthesia. It is used to make the patient as comfortable as possible during the procedure. The patient does NOT go completely to sleep. Instead, they are in a very nice and comfortable dream state, but conscious. They will be able to respond to a voice. They will not remember much of the procedure afterwards. To the patient, it will seem as if it only took ten minutes to remove their wisdom teeth when it really took 45 minutes.

If you find that the patient and/or their parents continue to have concerns about the procedure after giving them all the information you have, let them know that the doctor can call to speak with them. If this is necessary, please give the doctor a summary of the situation and what you think the primary concerns are, along with the patient's name, parents' names, and a contact number. The doctor will call as soon as possible.





# Insurance





The fees used in this discussion are recommended for the Texas Area. The recommended sedation fee is \$550. Insurance may not pay for sedation, but some do. It is recommended to get a pre-estimate from the patient's insurance before scheduling.

The recommended fee for a complete bony impaction is \$450. A full fee procedure of four full bony impactions with IV sedation will be just over \$2,300. The minimum fee for four full bony impactions, with sedation, should not be lower than \$1,900. You can use the sedation fee to reach this minimum if the insurance company has a very low approved fee for the surgery.

For example, a patient with four complete bony impactions is covered at \$250 for each impaction. The surgery fee would be \$1000 for this patient. The patient would be responsible for their co-payment for the surgery plus \$900 for the sedation. This would reach the \$1,900 minimum.

The other situation would be an office that has a high surgery fee and the patient does not want to pay for the full sedation fee. For example, the same patient is covered at \$425 or more for each impaction. If you have surpassed the minimum of \$1,900 with the surgery and recommended sedation, the sedation fee can be used as a scheduling tool. If you feel a patient may not schedule because they do not want the out of pocket cost of the sedation fee, you could adjust the sedation fee to the satisfaction of the patient. Keep in mind that the fee for four completely bony impactions, with sedation, should not be lower than \$1,900. The average full fee is just over \$2,300. The \$550 IV sedation fee is reasonable and should not be adjusted except in special cases.

### **PROCEDURE CODES** *(and recommended fees)*

- 09240 IV sedation first hour (\$325)
- 09241 Each additional 15 minutes (include 3 of these codes)
- D9248 Oral conscious sedation (\$300)
- D9230 Nitrous oxide analgesia (\$77, no charge if used with sedation)
- D4266 Bone graft (\$395)
- 07210 Surgical removal of erupted tooth (\$250)
- 07220 Soft tissue impaction (\$300)
- 07230 Partial bony impaction (\$380)
- 07240 Complete bony impaction (\$450)





# Support





Dr. Johnson is available 24/7 to support your office with third molar removal patients. You can send panoramic radiographs to his email address and/or iphone for review, before scheduling.

Although emergencies are rare, some patients may call with questions and concerns. Many will just be wondering if pain is normal. Most patient concerns can be handled at the staff level with minimal training. For after hours, patients will be given a number (different than the one below) to reach Dr. Johnson.

My mission is to help your patients with their third molar needs in the comfort and convenience of your practice, while increasing office revenue.

Thank you for the opportunity to work with you,

Ryan Max Johnson, DDS

RMJdds@gmail.com

www.AbileneWisdomTeeth.com

cell: 702-299-5821

